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|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/409,163 | 09/30/99 | 381 | 2743 | 037422.P006 |

APPLICANT

SHAWN X. GAO, CERRITOS, CA; SIGFRID D. SOLI, SIERRA MADRE, CA;
HSIANG-FENG GHI, LOS ANGELES, CA.

CONTINUING DOMESTIC DATA***

VERIFIED

Att/none

371 (NAT'L STAGE) DATA***

VERIFIED

Att/none

FOREIGN APPLICATIONS***

VERIFIED

Att/none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/20/99 ** SMALL ENTITY **

| | | | | | |
|---|---|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | <u>Det</u> Examiner's Initials | CA | 21 | 56 | 4 |

ADDRESS

GEORGE W HOOVER
BLAKELY SOKOLOFF TAYLOR AND ZAFMAN LLP
7TH FLOOR
12400 WILSHIRE BOULEVARD
LOS ANGELES CA 90025-1026

TITLE

BAND-LIMITED ADAPTIVE FEEDBACK CANCELLER FOR HEARING AIDS

| | | |
|------------------------|---|---|
| FILING FEE RECEIVED | FEEs: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
| \$808 | | |